Life Opportunities Trust

Hempstead House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an announced inspection of this service on 9 December 2015.

The service provided personal care to adults in their own homes. At the time of our inspection, 22 people were being supported by the service. This included people receiving personal care on an outreach basis and people living in supported living schemes across Hertfordshire, London and Middlesex.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's care plans were detailed and reflected people's needs, choices, likes and dislikes. Care plans were person-focused and set clear objectives and developmental goals for people. People and their relatives were involved in the planning and review of their care. Risk assessments were in place to help keep people

Summary of findings

safe from and the service had systems in place to safeguard people from any risk of harm. Staff had a good understanding of safeguarding and received appropriate training.

Medicines were managed appropriately and people were supported to maintain their health and well-being. Staff showed a good understanding of people's individual needs and the service provided personalised healthcare plans which helped ensure people had access to appropriate services and that they were supported to make themselves food and drinks

People were positive about the care they received. Staff were kind and caring and people were supported by staff they knew and liked.

Staff were well supported by the service and enjoyed working for them. They had received appropriate training and induction and were regularly supervised by management. Staff had opportunities to contribute to people's care planning and the development of the service.

There was an effective system for dealing with complaints. People were encouraged to share issues and regular team meetings were held to provide staff with the opportunity to feedback and be involved in discussions regarding the development of the service.

The service had auditing systems in place and used these to drive improvement. Managers undertook regular audits of each supported living service and people were asked for their views on care they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The service undertook risk assessments that ensured people were supported safely.

People were trained to administer medicines, and medicines administered by the service were appropriately managed.

Staff were recruited safely to the service and had undergone all relevant checks prior to commencing employment.

Good

Is the service effective?
The safe was effective.

Staff were trained and able to meet people's individual needs.

People had their healthcare needs assessed and were supported by the service to meet these when required.

Consent for care and support was obtained from people and recorded in their care records.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate and knew and understood people well.

People were treated with dignity and respect and had their privacy observed by staff.

Good

Is the service responsive?
The service was responsive.

People's care plans were reflective of their changing needs and were regularly reviewed and updated with people's involvement.

People were supported to meet goals and objectives and their regular hobbies and activities.

There was an effective complaints system in place and complaints had been dealt with appropriately.

Good

Is the service well-led?
The service was well-led.

People were positive about the management and culture of the service.

There were effective auditing and quality assurance processes in place to improve the service.

Good

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The announced visit took place on the 8 December 2015 and was carried out by one inspector. We gave the provider 24 hours notice of our intended inspection as they are a domiciliary care agency and we had to ensure somebody would be available to speak with us on the day of the inspection. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events with the provider is required to send us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people and two relatives of people who used the service, six members of staff, and the registered manager. We reviewed the latest contract monitoring report from the local authority, looked at seven care plans, five staff files and training records. We looked at minutes of team meetings, audit reports, seven healthcare records, risk assessments, recruitment files, medicines management record and schedules of supervision. We reviewed the service's policies and procedures and looked at records of complaints and safeguarding investigations.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe being supported by the service. One person told us, “Yes I feel safe.” Another person said, “Yes I’m safe living here.”

Staff had received training in safeguarding and understood how to protect people from risk of harm. One member of staff said, “Yes, we have good safeguarding training.” We saw staff records that confirmed this training was regularly held and refreshed. The service had a policy on safeguarding which included the responsibilities of staff, the relevant legislation and how to report concerns. People using the service were provided with information regarding safeguarding procedures which explained how they could report any potential risk of harm. These detailed how to recognise any signs of potential harm and provided them with details of people who should be informed, including the Care Quality Commission.

All safeguarding incidents were reported to the relevant authorities and investigated by the provider. This meant the provider was taking all the required steps to ensure people who used the service were protected from harm.

Currently the report reads that the service only did risk assessments on moving, medicines and challenging behaviour I would suggest that you use an overarching sentence to start this section such as “There were personalised risk assessments in place for each person who used the service which included information on the actions that staff should take to reduce the risk of harm to them. The identified risks included an assessment of people’s risk of falling, the risks of any hazardous cleaning products in people’s homes and medicines. The service had completed risk assessments on how to move people safely. Where a risk of falls had been identified there were appropriate measures in place to support the person to move safely. For example we saw that one person used a frame to aid their mobility, and the assessment included details of the times when it was appropriate to use it and the support the person required.

Risk assessments were also in place to ensure that medicines were administered safely. We saw that where potential risks had been identified, there were adequate control measures in place. For example bank and agency staff had to have received a full induction program before administering medicines and we saw that the service completed competency assessment forms with all staff before they administered medication. . Staff told us they had received training in the administration of medicines. One member of staff said, "Yes we're given that training before we go near medication, so we know what we're doing." Training records showed that every member of staff had attended a medicines awareness course and that these were regularly refreshed. We saw that medicines administration records (MAR charts) were signed to confirm that people had been given their medicines with no gaps in recording that would indicate that their medicines had not been given.

Staff told us that where people had behaviour that may impact negatively on others, there were risk management procedures in place to help identify triggers and techniques that could be used to help support the person through any difficulties they were experiencing. These were detailed and personalised and meant the service was taking a proactive approach to managing risk.

People told us there were enough staff on duty to meet their needs. One person said, "Yes there's enough staff here." We looked through rotas for individual schemes and found that there were usually enough staff on duty to meet people's needs. Staffing varied depending on the people being supported but we saw that rotas were designed to ensure people had support at key times. The service did use some agency staff, and we saw profiles and inductions for staff provided by agencies. The manager told us they tried to use the same agency staff where possible and that an agency worker would not support somebody in their own home without first working alongside an experienced member of the team. Rotas we saw confirmed that agency use had been reduced and that the same agency staff were normally used when required.

The manager of one scheme told us that staffing levels were tight and that this could sometimes impact upon people's welfare and safety. They said, "The support is fine- a couple of people are going through some changes and the staffing levels are a bit tight. We need more staff. We have six service users and two members of staff. If somebody goes out we only have one person sometimes to support the others." We spoke to the registered manager about this who told us that they had addressed the issue with the relevant local authority and were aware of the people's changing needs and the need for additional staff to support people safely.

Good

Is the service safe?

Staff were recruited safely to work within the service. Staff files included references sought from previous employers and new staff did not begin working with people until they had received a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks were updated every 3 years to ensure that staff had not received any further criminal convictions.

Staff received training in infection control and fire safety which enabled them to work safely in people's homes.

Good

Is the service effective?

Our findings

People told us that staff had been sufficiently trained to meet their support needs. One person said, “Yes, they know how to take care of me. They’re good like that, they know what I need.”

Staff told us that they received good training that was relevant to their role. One member of staff said, "The training is good, the staff certainly get a lot of it." We saw that staff had received training in dementia care, epilepsy, non-violent crisis intervention and other areas which were relevant to people's individual needs. Where a training need had been identified for particular skills, such as record keeping, a manager told us the service had responded by offering this specific training to the staff members in question. In another service we saw that people had received MAPPA (management of actual and potential aggression) training as they worked with people whose behaviour may have a negative impact upon others. This demonstrated a commitment to support staff to develop their skills and competencies and ensure they were delivering effective care to people.

On starting work staff received induction packs which provided them with information about the service. The manager told us staff would be inducted alongside an experienced member of staff before working alone. A member of staff told us, "My induction was good, yes. I felt ready to go at the end of it. Some of the carers here have been around for a long time so it's useful to learn from them." Training files showed that new staff attended a 4 day induction workshop which included information about personalised care and service user led services.

Staff told us they received regular supervision from their manager. One member of staff said, "Yes I get supervisions. They're usually pretty good." Another member of staff told us they had the opportunity to discuss people’s care, rotas, staffing issues and any improvements that needed to be made to the service. We saw that staff were received supervision regularly. The Manager showed us how these were scheduled on a supervision chart that detailed when people were due for a meeting. Where supervision was cancelled, this was rescheduled by the service to ensure that staff did not miss out on the opportunity to share and discuss any issues.

People had signed their care plans to indicate that they consented to care and treatment. Care plans included a section called 'My Consent Documents' which allowed the person to sign to say they consented to each area of their care and support and included notes from discussions held on each area. Staff demonstrated knowledge of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The service had systems in place to support people to have sufficient to eat and drink. One person we spoke with told us, “I need help cooking. They always help make me nice meals.” We saw in one support plan that the person had pictorial guidelines in place to help them to make informed choices about which food to eat and how to cook as independently as possible.

People's healthcare needs had been identified by the service. Where input from healthcare professionals was required we saw evidence that the service had worked with the healthcare agencies to ensure that any identified needs were included within the care planning for the person. Each person who used the service was provided with a 'Healthy Living File' in addition to the Health Action Plans issued by the local authority. This provided them with goals to maintain and improve their health through dietary plans, exercise and activity and included input from relevant healthcare professionals. These plans included details of what the person liked and disliked to eat and how to support them to make informed choices to support their health and well-being.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and they gave positive feedback about the care and support they received. One person said, “They’re nice staff here, I’m really happy.” Another person said. “They’re great, the staff. They know me pretty well.” People told us they had keyworkers who took responsibility for updating their care plans and reviewing their support. One person told us they had a good relationship with their key worker, saying, “I go to them if I need anything. [Staff member] helps me a lot.”

A relative we spoke with told us they were delighted with the care received from the service and felt that the staff were caring and knew their relative well. They said, "[Relative] was made to feel so welcome when they moved in, I'm over the moon with everyone who's helped them."

People told us that staff respected their privacy and dignity. One person said, “They know what’s private and when to leave me by myself.” Staff received training in respect and dignity in care services as part of their induction and were able to tell us about ways in which they observed this. One member of staff said, “We respect that it’s their home at the end of the day and that we are visiting. We try and make sure that they have the right to privacy and treat them with respect as we would expect of visitors to our own home.” People were referred to by their preferred names and records talked about people in a way that was considerate and thoughtful.

Staff were knowledgeable about people they supported and spoke about them enthusiastically and positively. One member of staff said, “I’ve worked in different homes with different people and they’re like family, a really great bunch.” Care plans included a pen picture of the person which detailed their background and social history. Social stories, which are visual aids that can help people with higher communication needs, were routinely created by the service to help people to better understand their care and support. . We saw social stories from people's lives and activities that were personalised for each area of support. For example where somebody required help understanding the terms of their residency. A social story had been created which also included, staff who worked regularly with them as well as pictures of places they visited and things they enjoyed doing at home. This showed us that the service had developed a caring relationship with people over time and understood them well.

People were provided with individualised service user guides for each of the supported living schemes. These included the history of the service, the visions and values of the organisation and how people would be supported by staff and management. The guides included information about local amenities, transport links and activities that were available. People were given details of the staff team and their experience, contact details for relevant healthcare professionals and how to report any concerns. People told us this had made them feel welcome when they'd moved into their new home. One person said, "It was easy moving here compared to other places."

Staff received training in confidentiality as part of their induction and understood the requirement to keep people’s information private.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person said, “Yes, I did my care plan and they go through paperwork with me every now and again.”

Care plans included initial assessments of need and reports from external healthcare professionals. We saw that where recommendations had been made in these reports, that these were reflected in the care plan.

In the care plans we saw we found that people had written their own social histories and backgrounds and had been involved in every stage of the care planning process. Care plans included a section entitled 'What's important for you to know about me and my own individuality.' This enabled the person to provide staff with clear details of how they preferred to be supported and showed that the service celebrated people's individual personalities. Details of how people preferred to communicate were included. Where people needed support to make decisions, care plans included ways in which they usually made choices and how staff could help.

People's interests and hobbies were detailed in their care plans. These were completed with input from the person and presented in a visual format so the person understood how the information was to be used in their care plan. Documentation about each of the person's interests included ways in which staff could support them to maintain and develop these hobbies. For example where a person had expressed an interest in gardening there were details of places where he could be supported to take this interest further. Activities both inside and outside of the home were included.

People told us staff supported them to do the things they enjoyed. One person said, “Yeah I get to go out a lot, I have a lot on.” People's daily routines were detailed to enable staff to deliver effective support. These routines were broken down into individual tasks which enabled staff to ensure consistency of support for the person. The service created daily pictorial files for people with higher communication needs to help them to focus on each individual daily task. There were sections in care plans entitled 'my self-help skills' which detailed how people were working towards independence in different areas of their lives.

Care plans were regularly reviewed. Where actions had been identified these were reviewed every three months and updated with the progress made by the person. We saw evidence that people's families and healthcare professionals were involved in these reviews and that outcomes which had been agreed with the person were included in the care plan.. Care plans included a 'Whole Life Review' which included input from the person to help them to understand how their care was being reviewed and updated and celebrated progress being made.

The Registered Manager was able to tell us about the progress that people had made in the time since they began being supported by the service. We saw that people's actions plans were regularly updated with goals for the person and how these were being met. For example where one person had expressed a desire to work with dogs, the service had found a number of opportunities to explore this with them in different locations. The service kept detailed daily records which included the person's daily activities and any issues which were to be handed over to the next member of staff on duty.

The service had a complaints policy in place. Details of how people could complain were contained within their individual support plans. These were made into an easy read format for people to understand. People told us they knew who to complain to if necessary. We reviewed complaints received by the service and saw that one complaint had been made. The manager showed us how this had been investigated and resolved and how they had learned from the issues raised.

Good

Is the service well-led?

Our findings

People we spoke to were positive about the management of the service. One person said, “Yes I know the manager. She’s nice.” Another person said, “I can speak to the manager any time.”

Staff we spoke with said they felt supported by the management team. A member of staff said, “I can always come to the Registered Manager with anything, they’re very approachable.”

The service undertook regular monitoring visits which looked at different areas of people's care and support and detailed any improvements that needed to be made. These visits included safety assessments, reviews of paperwork, observing whether people's dignity and privacy were being maintained and whether any complaints had been received. Where it had been identified that improvements could be made, these were detailed in an action plan which listed areas for improvement and how they would be achieved. We saw that an unannounced visit had taken place in each area of the service and had highlighted a number of issues around record keeping and infection control. The service had clearly identified the improvements that needed to be made and then followed up with a further visit a few weeks later to check on progress. The second visit showed that the required improvements had been made and the majority of the action plan had been completed. This demonstrated that the service was ensuring continuous improvement through their quality assurance processes.

We saw copies of completed service user questionnaires which had provided people with the opportunity to feedback on any issues affecting their care and support. These were personalised to include pictures that were specific to the individual; for example in questions about staff relationships they had included pictures of the staff that worked with them. Questions included whether people had enough choice, were happy with what times they got up and went to bed and whether they felt cared for by patient and friendly staff. Responses from people using the service had been very positive. Comments included, "I like the staff," "I am happy living here and want to stay here. I get on well with my housemates."

Questionnaires had also been sent out to relatives and healthcare professionals involved with the service. Feedback was very positive and comments from relatives included, "I find staff very helpful and conscientious," "I could not ask for better staff."

The service held regular team meetings in each of the separate schemes to discuss issues locally, and minutes of the meetings showed that staff had been given the opportunity to feedback on any area of concern or opportunity for improvement. Items discussed which required actions were followed up at the next meeting to ensure that goals were being met. For example it had been suggested that people who lived at different settings could be encouraged to meet regularly for coffee mornings. Minutes of later meetings showed that these were taking place and were being reviewed as part of the agenda.

The service had received a local authority inspection which had rated the service as 'good'. Where areas for improvement had been identified we found that many of these had been rectified. For example the local authority had identified that there was a lack of staff supervision or induction paperwork. Records showed that the Registered Manager had taken this feedback on board and put systems in place to meet these compliance requirements.